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ABSTRACT

Historically, alcoholism has been defined as an individual problem, and as a result, family factors have received little attention. During the past decade, however, a new theoretical-methodological perspective has been introduced which draws upon general systems theory for rationale, family theory for substance, and behavioral psychology for method. To understand interaction patterns in families with an alocholic member, three groups of families (N=90) were compared. In the experimental group, the husband/father was an alcoholic. In the two control groups, husbands were either social drinkers or depressed with no drinking problems. Laboratory and home observations were made of family interaction and four personality and adjustment measures were administered. In addition the husbands completed the Quantity Frequency Index to determine amount of alcohol consumed during a 1-month period. Preliminary results showed husbands who consumed large amounts of alcohol and were steady rather than binge drinkers were less symptomatic and maintained better marital adjustment than those who drank less. These results suggest the possiblity that family adaptation to drinking patterns may perpetuate drinking. However, further research is needed to assess drinking, psychiatric symptoms, and marital satisfaction on a day-to-day rather than a retrospective basis to determine the actual covariation among these variables. (JAC)

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ALCOHOLISM AND FAMILY INTERACTION *

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Historically, alcoholism has been defined as an individual problem, and as a result, family factors have received but parenthetical attention until quite recent times. Several reasons for this relative neglect of family influences (and more generally, interpersonal variables) in studies of alcoholism can be noted.

First, biased sampling has contributed to the stereotype of the alcoholic as a loner with few social ties. Early studies, for example, were based on hospitalized and arrested abusers, leading to the impression that alcoholics were a homogeneous group of "undersocialized, poorly integrated individuals comprised of homeless derelicts, chronic offenders and the mentally ill" (Bailey, 1961).

Second, when alcoholism was reconceptualized as a medical rather than a moral problem, it remained within an individual context; that is, alcoholism then became considered a disease with a specific etiology "set of symptoms, a typical course and predictable prognosis" (Steinglass, 1977).

Finally, there has been a reluctance on the part of social service agencies to deal with families when alcoholism is involved; that is, regardless of presenting problems, alcohol was considered so confounding that it precluded

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any family treatment and could only be effectively dealt with in an intensive individual modality. Such a view is supported by Steinglass' (1976) review which indicated that studies of family treatment with alcoholics were limited to a few clinical reports, and at the time of that review, there were virtually no reports of conjoint family treatment for alcoholism in leading professional journals on family issues.

In light of the foregoing considerations, it is of little surprise that the earliest research from a "family perspective" involved a focus on individuals within the alcoholic's family--most importantly, the spouse and secondarily, the children. As suggested by several recent reviews, much of this literature has been characterized by a narrowness as to guiding conceptual framework, methodological approach, and family members assessed. Particularly critical deficiencies in this literature include vague criteria by which alcoholism is defined; small, unrepresentative samples; control groups which are not demographically comparable to the experimental groups with which they are compared; inappropriate statistical analyses; and measures of questionable reliability and validity. Finally, the vast majority of work in this area has been based upon individually-oriented, psychodynamically based conceptual frameworks despite the repeatedly implied interest in interpersonal relationships that is seen throughout much of this domain (Edwards, Harvey, & Whitehead, 1973; Jacob, Favorini, Meisel, & Anderson, 1978; Jacob & Seilhamer, 1982; Noonan & Wolin, 1977; Orford, 1975).

During the past decade, however, the field has witnessed the introduction of a new theoretical-methodological perspective--a perspective which has drawn upon general systems theory for rationale, family theory

for substance and behavioral psychology for methods. Alternatively referred to as a behavioral systems or family systems model, this perspective has guided an increasing number of family studies of various psychopathologies since the late 1960s. Gradually, this approach has come to be characterized by several distinguishing features: (1) a commitment to empirically-grounded, methodologically-rigorous research strategies; (2) a movement beyond individual and group level descriptions to assessments of interactions between and among family members; (3) an attempt to identify patterns of interdependence and reciprocity that are associated with and serve to foster current, ongoing problem behavior; and (4) a concern with the ultimate integration of a family interaction perspective with broader conceptual frameworks concerned with development over the family life cycle and family genetic variables that may interact with family environmental variables in the development of behavior (Broderick & Pulliam-Krager, 1979; Conger, 1980; Gottman, 1979; Jacob, 1975; Liem, 1980; Patterson, 1976, 1979; Raush, Greif, & Nugent, 1979; Reiss & Wyatt, 1975; Steinglass, 1978, 1980b; Weiss, 1978).

Although application of this framework to studies of alcoholic-family interaction is barely beyond an introductory stage, investigations by several researchers are noteworthy. Specifically, the efforts of Steinglass represent the most systematic and extended work in this area (Davis, Bereson, Steinglass, & Davis, 1974; Steinglass, 1975, 1979a, 1979c, 1980a; Steinglass & Wolin, 1974; Wolin, Bennett, Noonan, & Teitelbaum, 1980; Wolin & Steinglass, 1974; Wolin, Steinglass, Davis, & Bereson, 1976), although important contributions have also been made by several other investigators (Becker & Miller, 1976; Billings, Kessler, Gomberg, & Winer, 1979; Davis & Stern, 1980; Gorad, 1971; Gorad, McCourt, & Cobb, 1971; Hersen, Miller, & Eisler, 1973; Jacob, Ritchey, Cvitkovic, & Blane, 1981). In brief,

these beginning efforts have sought to study transactions between alcoholics and spouses and the processes and patterns of interaction within families containing an alcoholic member. In addition, experimental drinking sessions have been introduced and emergent interactions within these periods have been compared to marital-family interactions that occur when alcohol is not available. The nature of communication patterns, both verbal and nonverbal, characterizing alcoholic-spouse interchanges has also been explored as has the impact of emergent behavior across several observational settings. Although limited in number and scope, these pioneering efforts have proceeded from an interactional perspective and have introduced promising research strategies and exciting hypothesis.

My own research of alcoholic-family interaction represents both a consolidation and extension of work in this area. The broad objective of this program is to develop an empirically-based understanding of significant interaction patterns in families with an alcoholic member--an overall goal which incorporates five specific aims:

(1) to identify patterns and processes of marital-family interaction that differentiate families containing an alcoholic from other family groups;

(2) to examine alcohol's impact on marital-family interactions in families containing an alcoholic member;

(3) to describe children of alcoholic parents in terms of their general psychological status, role relationships with alcoholic and non-alcoholic parent, and impact on parental interaction;

(4) to engage classification strategies aimed at identifying types of family interaction and associated patterns of alcohol use; and

(5) to explore relationships between current patterns and subsequent status of the alcoholic, his spouse, and his children.

Procedurally, all selected families consist of two parents and at least one child between 10 and 18 years of age. The experimental group ("alcoholic families") contains families in which the male head of the house (husband-father) is an alcoholic. The two control groups contain a male head of the house who is characterized in one of the following ways: (1) a social drinker, manifesting no psychiatric difficulties ("normal families"); and (2) a clinically depressed adult, manifesting no drinking related difficulties ("depressed families").

The experimental procedures consist of both laboratory and home observations. During the former, each family participates in three experimental sessions held at the Family Therapy Clinic of Western Psychiatric Institute and Clinic (Department of Phychiatry, University of Pittsburgh). The first meeting consists of medical and psychological screening procedures and other information gathering processes. During the second and third meetings, various combinations of family members are involved in several types of discussion and problem solving tasks, all of which are videotaped and subsequently analyzed along a number of relevant dimensions. In one of these two videotaped sessions, alcoholic beverages are served whereas in the other videotaped session only soft drinks are provided. Assessment (coding) of these videotaped interactions involves the Marital Interaction Coding System (MICS)--a well-established observational coding system that will be used to generate composite measures indexing three key dimensions: Personal Evaluation, Problem Resolution, and System Organization. As described, the design for these laboratory observations allows for the evaluation of three variables (independent of and in

interaction with one another) on emergent patterns of marital-family interactions. These three variables are: (1) families containing alcoholic versus depressed (non-alcoholic) versus normal (social drinkers) fathers; (2) presence versus absence of alcohol during marital-family interchanges; and (3) number and composition of family members involved in interactions.

Following the laboratory observation sessions, home observations are initiated whereby dinnertime interactions are recorded under high and low reactivity conditions. These audio recordings are systematically coded with a special focus on identifying and describing problematic child behavior, parental discipline practices and their effectiveness, and the quantity and quality of marital, parent-child, and sibling interaction. Coding of these audiotaped interactions involves the Home Interaction Scoring System (HISS), which yields composite measures indexing dimensions analogous to those associated with the laboratory procedures.

In addition to these primary data sets (videotaped laboratory interactions and audiotaped home interactions), parent report data, child report data, teacher ratings and laboratory role play data are obtained in an attempt to learn more about the marital relationship, children's psychosocial and academic functioning, and the correspondence between role play analogues and naturalistic interaction. Finally, daily monitoring of drinking behavior and stressful events is conducted in order to provide information regarding the topography of drinking across the three samples; the relationship between extra-familial stress and daily drinking; and the associations among extra-familial stress, daily drinking, and intrafamilial interactions.

Given the scope and requirements of this effort, it was necessary to invest a great deal of effort in data collection and reduction activities during the project's early years. Because these foundations were difficult to establish yet essential to further development, it has only been during the past six months that a "critical core" of data has been attained. Since that time, it has been possible to devote increasing attention to the wealth of information that has been collected on the 90 families thus far conducted through the project. In the remainder of this presentation, I would like to describe several extremely interesting findings that have emerged in recent analysis of a small subset of this data base.

During the past several months, various aspects of the described data have been analyzed in an attempt to replicate a recent report by Steinglass (1981) relating drinking consequences to marital and individual functioning. In this effort, report data from 27 of our alcoholic subjects and their spouses were examined. As mentioned earlier, both spouses are administered a variety of report procedures during initial screening, including the Minnesota Multiphasic Personality Inventory (MMPI), Beck Depression Inventory (Beck, 1967), Locke-Wallace Marital Adjustment Test (Locke & Wallace, 1959) and the Dyadic Adjustment Scale (Spanier, 1976). In addition, the husband completes the Quantity Frequency Index (Jessor, Graves, Hanson, & Jessor, 1968), which determines ounces of absolute alcohol consumed during the past 30 days. Correlations involving QFI scores and the personality and marital relationship measures yielded a most intriguing outcome: alcoholic husbands who consumed large amounts of alcohol

in the past month tended to be less symptomatic, had wives who were remarkably less symptomatic, and maintained better marital relationships than did those alcoholics who consumed relatively small amounts of alcohol during the past month. Specifically, alcoholics with high QFI scores (1) tended to obtain low scores on various MMPI scales and to report high marital satisfaction, and (2) had wives who (a) obtained relatively low scores on the Hypochodriasis, Depression, Hysteria, Psychasthenia, and Schizophrenia scales of the MMPI; (b) obtained relatively low scores on the Beck Depression Inventory, and (c) reported relatively greater marital satisfaction on the Locke-Wallace Test and on the Cohesion and Satisfaction scales of the Dyadic Adjustment Scale.

In an attempt to clarify this set of relationships, data from the Marlatt (1976) Drinking Profile were used to categorize the sample into binge versus steady drinkers. When analyses were re-calculated with each group separately, a rather striking outcome was obtained. That is, most correlations between QFI scores and the personality and marital satisfaction measures were nonsignificant for the binge drinkers but highly significant and consistent for the steady drinkers. These correlations are shown in Table 1*.

Having obtained such striking differences between binge and steady drinkers regarding the alcohol consumption/family stability relationship, we began to search for other differences between these groups which might

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*As can be seen, these associations are not simply capitalizing on common method variance since the highest correlations don't occur between the several measures obtained from husbands. Instead, the strongest relationships are found between husbands' reports of drinking and wives' reports of symptoms and marital satisfaction.

add further clarity to these findings. Inspection of other data indicated few if any differences between groups regarding various demographic and social structure variables. Of particular importance, these two groups were also comparable on various indices of drinking severity including the Impairment Index (Ruggels et al., 1975) and the physical and treatment subscales of the Michigan Alcoholism Screening Test - MAST (Selzer, 1971) and Goodwin's (1974) alcoholism criteria.

Several variables, however, clearly distinguished the two groups. Binge drinkers were found (1) to manifest greater overall psychopathology than steady drinkers as indicated by significant group differences on the Psychopathic Deviate, Schizophrenia, and Mania scales of the MMPI, and (2) to exhibit more adverse social consequences resulting from drinking, in spite of the fact that steady drinkers consumed considerably more alcohol than the binge drinkers as measured by the QFI. Specifically, both groups had marital problems, lost friends, and had trouble at work, but the binge versus steady drinkers more frequently were involved in fights (85% vs. 33%), lost jobs (38% vs. 17%), neglected family and occupational obligations (62% vs. 25%) and were arrested for drunken behavior (62% vs. 42%). Clearly, the binge group was involved in more sociopathic behavior and showed disturbed relationships in domains other than the marital relationship.

Most assuredly, the relationship between drinking pattern and family stability is a complex phenomenon requiring studies from several different vantage points. From our current position, however, the most interesting explanatory possibilities involve notions drawn from family systems theory as described more extensively in the work of Steinglass and his colleagues (Steinglass, 1978, 1980; Steinglass et al., 1977; Wolin, 1980). Of particular

relevance to this proposal, Steinglass' observations of interactions during intoxicated and sober states have suggested that a couple's behavior during periods of drinking has "adaptive" consequences for the family, which in turn, may actually reinforce drinking in the alcoholic family. These "adaptive consequences" all serve a common purpose (i.e., to temporarily restore equilibrium in family life) although the direction that such behavior takes can differ considerably across families. "For example, in some families, equilibrium is restored by increasing interactional distance (the drinker goes off to drink in the basement), or diminishing physical contact (the nonalcoholic spouse refuses to have sex with someone who is drunk), or reducing tension in the family (family members' usual patterns of behavior are less tension provoking than unique patterns); whereas in other families, alcohol might be associated with closer interactional distance (the nonalcoholic makes contact by fighting after the alcoholic spouse has been drinking), disinhibition (the use of alcohol permits ritualized sexual behavior), or maintaining distance from the social environment (the alcoholic fights with neighbors when drunk)" (Steinglass, 1981, p. 300).

To the extent that these interactional differences between sober and intoxicated states can be measured along a continuous dimension--that is, amount consumed versus the dichotomous states of sober and intoxicated--our preliminary findings seem consistent with Steinglass' suggestion that periods of drinking may actually be associated (at least temporarily) with more stable, satisfying relationships than nondrinking periods. Specifically, it could be hypothesized that marital/family relationships are more satisfying during high versus low consumption periods and that these adaptive consequences serve to maintain or perpetuate drinking to the extent that

(a) the alcoholic's behavior is less predictable when he is not drinking than when he is consuming alcohol at a high rate, (b) the experience of stress and distress in family life is minimized during periods of high consumption, and (c) the family has adapted to and incorporated high rate drinking into family life. That steady drinkers appear to conform more closely to these descriptions than do binge drinkers seems consistent with expectations. That is, binge drinkers not only present more pathological adjustments than steady drinkers (as indicated by higher scores on various MMPI scales), but engage in a pattern of drinking which is quite unpredictable, at times chaotic, and certainly not incorporated into in-home, family life.

Although our preliminary analyses revealed extremely interesting findings, certain limitations of the data-collection procedures suggest caution in interpreting these outcomes. Of particular importance, the sets of measures on which primary analyses were conducted--the marital satisfaction measures, the MMPI and the QFI index of drinking behavior--were of a cross-sectional, retrospective nature. That is, the QFI index indicated the quantity of alcohol consumed during the past month and the MMPI and marital satisfaction measures pulled for "in general" responses. Given these measure characteristics, we can only say that alcoholics who consumed relatively large versus small quantities of alcohol during the past month had wives who reported fewer psychiatric symptoms and higher marital satisfaction. Without further data, it could be suggested that various selective factors generated a sample of rather stable, "alcoholic" marriages containing relatively healthy, highly adaptive wives. If true, the obtained relationships between consumption and family stability would be more related to unique sample characteristics than to functional re-

lationships between drinking, symptoms and marital satisfaction. To address this issue, a replication of the reported cross-sectional findings on a new sample would be most important. Whether replicated or not, however, no cross-sectional finding will enable one to conclude that the variables in question are significantly related to one another over time. That is, it will be necessary to assess drinking, psychiatric symptoms and marital satisfaction on a day-to-day basis in order to determine the actual covariation among these variables. Assuming this link can be demonstrated, it would then be appropriate and necessary to identify specific marital/family behaviors that mediate the alcohol consumption/family stability relationship. Plans for these various data collections are now underway.

TABLE 1

Correlations Between Alcohol Consumption (QFI)
and (1) Psychiatric Symptoms and (2) Marital Satisfaction

	TOTAL (N=27)	BINGE (N=13)	STEADY (N=12)
HUSBANDS' DATA			
MMPI			
Hypochondriasis	.06	.16	.04
Depression	-.09	.04	-.17
Hysteria	.14	.31	.09
Psychopathic Deviate	-.35**	-.11	-.36
Masculine/Feminine	-.15	-.23	-.07
Paranoia	-.38**	-.32	-.33
Psychasthemia	-.31*	-.18	-.28
Schizophrenia	-.31*	-.18	-.21
Mania	-.31*	-.26	.08
Beck Depression Inventory	-.02	.14	.05
Locke-Wallace Test	.31*	-.08	.34
Dyadic Adjustment Scale			
Affection	.08	-.05	.34
Cohesion	.50***	.54**	.71***
Consensus	.11	-.26	.10
Satisfaction	.17	-.07	.30
Total	.32*	-.04	.51**
WIVES' DATA			
MMPI			
Hypochondriasis	-.42**	-.53**	-.42*
Depression	-.39**	-.23	-.51**
Hysteria	-.53***	-.33	-.68***
Psychopathic Deviate	-.25	.01	-.52**
Masculine/Feminine	-.02	.08	-.25
Paranoia	-.24	.07	-.43*
Psychasthemia	-.53***	-.32	-.72***
Schizophrenia	-.28*	-.15	-.42*
Mania	.11	-.09	.21
Beck Depression Inventory	-.35**	-.15	-.68***
Locke-Wallace Test	.26*	.16	.46*
Dyadic Adjustment Scale			
Affection	.03	-.15	.55**
Cohesion	.26*	-.15	.62**
Consensus	.07	-.19	.24
Satisfaction	.26*	-.04	.55**
Total	.18	-.14	.46*

*** p<.01
** p<.05
* p<.10

Note: Two subjects presented "mixed" drinking patterns and could not be categorized as either binge or steady drinkers.

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